ACH AUTHORIZATION FORM

NPS Sewer Department

Complete this form to authorize the NPS Department to initiate automatic payments (ACH debits) from your bank account for sewer service charges.

1. ACCOUNT HOLDER INFORMATION

Account Holder Name: _____

_____

Service Address: _____

Mailing Address (if different): _____

_____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

2. BANK ACCOUNT INFORMATION

☐ Checking ☐ Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Confirm Account Number: _____

Please attach a voided check or savings deposit slip to verify your bank account information.

3. AUTHORIZATION & TERMS

By signing below, I agree to the following terms and conditions for ACH debits to my checking/savings account.

- I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the NPS Department, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen (15) days prior to the next billing date.
- If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
- I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates.
- In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I agree to an additional **$25.00** charge for each returned NSF transaction.
- I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.
- I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature: _____ Date: _____

4. RETURN FORM TO

New Providence Sewer Department
129 West Street
P.O. Box 125
Borden, Indiana 47106

townhall@bordenindiana.com

(812) 404-2020

FOR OFFICE USE ONLY

Date Received: _____

Customer Account #: _____

Reviewed By: _____

ACH Start Date: _____

Notes: _____

_____

_____

Thank you for choosing
NPS Sewer Department!

Easy. Convenient. Reliable.
Helping keep our community flowing.